**Conclusions:** This is the first study to simultaneously examine the influence of fish oil supplementation on lipid and thrombogenicity profiles. Our study supports prior evidence of an improved lipid profile and suggests an enhancement of the anti-platelet effects of DAPT. Prospective studies are needed to determine the contribution of each of these effects of fish oil supplementation on thrombotic event occurrence.

## TCT-717

### Impact of Anti-anginal Therapy and Rate Pressure Product Control on the Need for Repeat Revascularization Post-PCI

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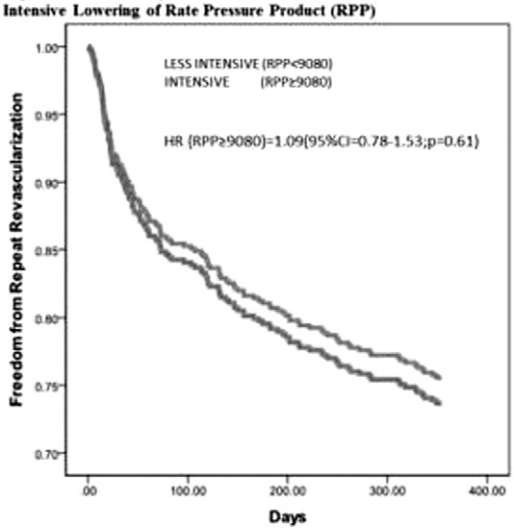
**Background:** Anti-anginal medications (AAM) directed at lowering the rate pressure product (RPP) are prescribed to patients undergoing percutaneous coronary intervention (PCI) for chronic ischemic heart disease (CHD) to reduce repeat revascularization (RR).
**Methods:** We analyzed the VA VISN17 PCI data from 2008-2011 to evaluate the impact of AAM score (Table 1) and RPP control on RR.
**Results:** From 1078 patients, we identified 530 stable angina patients with 12-month post-PCI follow-up. Mean RPP was 9542.5±102.1 (SE) and AAM score 2.81±0.11 (beta-bockers 96%, calcium channel blockers 36.4%, nitrates 47% and ranolazine 3.4%). Patients requiring RR had mean AAM score of 3.64±0.24 and RPP of 9062.9±188.7 compared to those without RR (AAM score=2.71±0.14, RPP=9472.5±120.0; p=0.02 for AAM score; p=0.07 for RPP comparisons). AAM score>2.5 (median) and RPP<9080 (median) were not associated with a lower need for RR (OR for AAM score=0.71, 95% CI: 0.43–1.15, p<0.30; OR for RPP=0.95, 95% CI: 0.58–1.55, p<0.86, Figure 1), as was a AAM score>85th percentile, after adjusting for age, diabetes mellitus, chronic kidney disease and prior coronary artery disease (OR=2.03: 95% CI: 0.99-4.16, p<0.06).
**Conclusions:** Intensive AAM and lowering of RPP alone did not reduce the need for RR in CHD patients undergoing PCI.

**Table 1: Scoring of Anti-Anginal Medical Treatment**

| Drug Category (maximum points/category = 4) Any ranolazine use is an additional 1 point. | Drug | Low Dose/day (1 point) | Medium Dose/day (2 points) | High Dose/day (3 points) | Very High/day (4 points) |
|---|---|---|---|---|---|
| Calcium Channel Blockers | Amlodipine | <5mg | 5.0–9.9mg | 10mg | >10mg |
| | Felodipine | <5mg | 5.0–9.9mg | 10mg | >10mg |
| | Isradipine | <10mg | 10.0–14.9mg | 15-19.9mg | >19.9mg |
| | Nicardipine | <60mg | 60–119.9mg | 120mg | >120mg |
| | Nifedipine | <60mg | 60–89.9mg | 90mg | >90mg |
| | Verapamil | <240mg | 240–359.9mg | 360mg | >360mg |
| | Diltiazem | <240mg | 240–359.9mg | 360mg | >360mg |
| Beta Blockers | Atenolol | <50mg | 50–99.9mg | 100mg | >100mg |
| | Bisoprolol | <5mg | 5–9.9mg | 10mg | >10mg |
| | Carvedilol | <12.5mg | 12.5–24.9mg | 25–49.9mg | ≥50mg |
| | Labetalol | <400mg | 400–799.9mg | 800mg | >800mg |
| | Metoprolol | <50mg | 50–99.9mg | 100–199.9 | ≥200mg |
| | Nadolol | <80mg | 80–159.9mg | 160mg | >160mg |
| Nitrates | Nitroglycerin SR | ≤7.5mg | 7.51–19.4mg | 19.5–39mg | >39mg |
| | Nitroglycerin patch | 0.2mg | 0.4mg | 0.6mg | ≥0.8mg |
| | Isosorbide dinitrate | <60mg | 60–89.9mg | 90–119mg | >119mg |
| | Isosorbide mononitrate | 30mg | 60mg | 90–119mg | >119mg |

**Figure 1: Need for Repeat Revascularization with Intensive vs. Less Intensive Lowering of Rate Pressure Product (RPP)**




## TCT-718

### Statin Is More Effective in Acute Myocardial Infarction Patients Presenting Atrial Fibrillation with High Level of High Sensitivity C-Reactive Protein Than Those with Low Level

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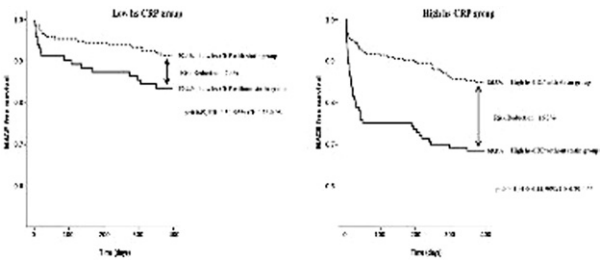
**Background:** We investigated whether statin therapy and high-sensitivity C-reactive protein (hs-CRP) levels were associated with long term clinical outcomes in acute myocardial infarction (AMI) patients presenting atrial fibrillation (AF).
**Methods:** 852 AMI patients (mean age = 70.3 ± 12.2 years, 565 males) who were presented AF on electrocardiogram in arrival at emergency room from the Korean Acute Myocardial Registry (KAMIR) were divided into two groups; the low hs-CRP group (hs-CRP < 2 mg/dl, n = 339, 67.8 ± 12.8 years, 239 males) or the high hs-CRP group (hs-CRP ≥2mg/dl, n = 513, 71.9 ± 11.5 years, 326 males). We evaluated the incidence of MACEs during in hospital period and one year clinical follow up according to the statin therapy in each groups.
**Results:** Analysis according to level of hs-CRP value of 2.0mg/L, statin treatment had an effect on reduced the incidence of MACEs in both the low hs-CRP group [statin group:7.6%, non statin group:14.9%, p=0.003] and the high CRP group [statin group: 13.7%, non statin group: 30.2%, p<0.001]. In a Cox regression analysis after adjustment of potential confounder, the statin treatment was a significant predictor of MACEs in low hs-CRP group [p=0.045, HR:0.50,95% CI:0.26-0.98], however in the high hs-CRP group, statin treatment showed more potent effect on reduction of MACEs risk (p<0.001, HR:0.44, 95% CI:0.29-0.66).
**Conclusions:** Statin treatment can improve clinical outcome in AMI patients with presenting AF. These effects were more prominent in patients had high level of hs-CRP, probably associated with anti-inflammatory effect of statin.



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